



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID		2 Total pages filed: 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Shellie		MI		OFFICE USE ONLY Date Received 
	NICKNAME LAST Hayes-McMahon		SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 816 bogart road		ZIP CODE		Date Hand-delivered or Date Postmarked
	cedar park, TX 78613				Receipt # Amount
					Date Processed
					Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST 		MI		
	NICKNAME LAST Groff		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 817 Bogart Rd		APT / SUITE #; CITY; Cedar Park TX		STATE; ZIP CODE 78613
7 CAMPAIGN TREASURER PHONE	AREA CODE 512	PHONE NUMBER 922 4594		EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 02/12/2018		THROUGH Month Day Year 03/26/2018		
10 ELECTION	ELECTION DATE Month Day Year 05/05/2018		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Cedar Park City Council Place 6		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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13 C / OH NAME Hayes-McMahon, Shellie

14 Filer ID

15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1,020.88

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,923.72

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 190.34

4. TOTAL POLITICAL EXPENDITURES \$ 3,492.45

CONTRIBUTION  
BALANCE

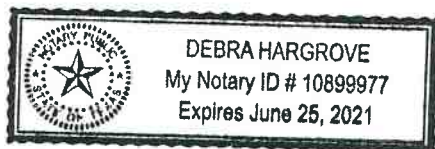
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,289.11

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 200.00

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shellie Hayes-McMahon this the 5th day of April, 2018, to certify which, witness my hand and seal of office.

  
Signature of officer administering

Printed name of officer administering

Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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**18 FILER NAME**

Hayes-McMahon, Shellie

**19 Filer ID****20 SCHEDULE SUBTOTALS**

NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,764.39
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,159.33
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 200.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,434.20
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 58.25
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 166.67

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 4/21
<b>2</b> FILER NAME Hayes-McMahon, Shellie		<b>3</b> Filer ID
<b>4</b> Date 03/06/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchison, Shailah <hr/> <b>6</b> Contributor address; City; State; Zip Code 2386 Ethel Lane  Guthrie, OK 73044	<b>7</b> Amount of Contribution (\$)  \$105.58
<b>8</b> Principal occupation / Job title (See Instructions) Office Assistant		<b>9</b> Employer (See Instructions) Roberts Disposal
Date 02/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balsam, Melissa <hr/> Contributor address; City; State; Zip Code 1800 Iris Ln  Cedar Park, TX 78613	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balsam, Melissa <hr/> Contributor address; City; State; Zip Code 1800 Iris Ln  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bright, Regi <hr/> Contributor address; City; State; Zip Code 318 Barracuda Place  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Amanda <hr/> Contributor address; City; State; Zip Code 4113 Sioux Drive  Johnson City, TN 32604	Amount of Contribution (\$)  \$158.21
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Leader One Financial

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/21
2 FILER NAME Hayes-McMahon, Shellie		3 Filer ID
4 Date 03/05/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavalli, Christina	7 Amount of Contribution (\$)  \$75.00
	6 Contributor address; City; State; Zip Code 3300 Mossy Grove Ct  Cedar Park , TX 78613	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Champion, Antonio	Amount of Contribution (\$)  \$105.58
	Contributor address; City; State; Zip Code 12120 Terraza Circle  Austin, TX 78726	
Principal occupation / Job title (See Instructions) School Resource Officer		Employer (See Instructions) Austin ISD
Date 02/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Michael	Amount of Contribution (\$)  \$316.11
	Contributor address; City; State; Zip Code 1745 w 33rd St  Edmond, OK 73013	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Edmond Dental Center
Date 03/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, Jonathan	Amount of Contribution (\$)  \$52.95
	Contributor address; City; State; Zip Code 26 Parkside Dr  Davis, CA 95616	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crystal, Megan	Amount of Contribution (\$)  \$52.95
	Contributor address; City; State; Zip Code 2122 Margalene Way  Austin, TX 78728	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 6/21
<b>2</b> FILER NAME Hayes-McMahon, Shellie		<b>3</b> Filer ID
<b>4</b> Date 03/05/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delbar, Ariana <hr/> <b>6</b> Contributor address; City; State; Zip Code 103 Cty Rd 180 Unit 22 Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Anne <hr/> Contributor address; City; State; Zip Code 2311 Erica Kaitlin Ln  Cedar Park, TX 78613	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Anne <hr/> Contributor address; City; State; Zip Code 2311 Erica Kaitlin Ln  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Anne <hr/> Contributor address; City; State; Zip Code 2311 Erica Kaitlin Ln  Cedar Park, TX 78613	Amount of Contribution (\$)  \$21.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Rebecca <hr/> Contributor address; City; State; Zip Code 2730 Cedar Springs Pl  Round Rock, TX 78681	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 7/21
<b>2</b> FILER NAME Hayes-McMahon, Shellie		<b>3</b> Filer ID
<b>4</b> Date 02/17/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Mitch <hr/> <b>6</b> Contributor address; City; State; Zip Code 1510 Big Thicket  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Mitch <hr/> Contributor address; City; State; Zip Code 1510 Big Thicket  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Marjorie <hr/> Contributor address; City; State; Zip Code 5102 Brookedale Lane  Austin, TX 78723	Amount of Contribution (\$)  \$79.26
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) McGuire Moorman
Date 02/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Stacie <hr/> Contributor address; City; State; Zip Code 820 SE 14  Moore, OK 73160	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefts, Heather <hr/> Contributor address; City; State; Zip Code 1202 Willowbrook  Cedar Park, TX 78613	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/7 Rpt: 8/21
<b>2</b> FILER NAME Hayes-McMahon, Shellie		<b>3</b> Filer ID
<b>4</b> Date 03/14/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Tracie <hr/> <b>6</b> Contributor address; City; State; Zip Code 1113 Lions Lair Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$52.95
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Brandi <hr/> Contributor address; City; State; Zip Code 1205 Wroxtton Way Round Rock, TX 78664	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Opeka, Ben <hr/> Contributor address; City; State; Zip Code 811 E 11th St Austin, TX 78702	Amount of Contribution (\$)  \$105.58
Principal occupation / Job title (See Instructions) Produce Buyer		Employer (See Instructions) Whole Foods 365
Date 02/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Jimalea <hr/> Contributor address; City; State; Zip Code 4401 N Post Rd Guthrie, OK 73044	Amount of Contribution (\$)  \$52.95
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pohl, William <hr/> Contributor address; City; State; Zip Code 10800 Pecan Park Suite 125 Cedar park, TX 78613	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Pohl Partners



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 6/7 Rpt: 9/21

2 FILER NAME

Hayes-McMahon, Shellie

3 Filer ID

4 Date

03/23/2018

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Powell, Sarah

7 Amount of Contribution (\$)

\$52.95

6 Contributor address; City; State; Zip Code

4944 China Garden Dr

Austin, TX 78730

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/23/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Simpson, Will

Amount of Contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

1832 Harvest Dance

Leander, TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Simpson, Will

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

1832 Harvest Dance Dr

Leander, TX 78641

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Smith, Scott

Amount of Contribution (\$)

\$52.95

Contributor address; City; State; Zip Code

3700 Katie Ln

Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/21/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Solis, Shana

Amount of Contribution (\$)

\$105.58

Contributor address; City; State; Zip Code

10909 Blue Sage Rd

Oklahoma City, OK 73120

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1****The Instruction Guide explains how to complete this form.****1** Total pages Schedule A1:  
Sch: 7/7 Rpt: 10/21**2** FILER NAME

Hayes-McMahon, Shellie

**3** Filer ID**4** Date  
03/11/2018**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Talamo, Maria**7** Amount of Contribution (\$)  
\$100.00**6** Contributor address; City; State; Zip Code  
711 Jagged Circle  
  
Cedar Park , TX 78613**8** Principal occupation / Job title (See Instructions)  
Consultant**9** Employer (See Instructions)  
Maria Talamo ConsultingDate  
02/17/2018Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Walz, PatrickAmount of Contribution (\$)  
\$100.00Contributor address; City; State; Zip Code  
3815 Campfire Drive  
  
Cedar Park, TX 78613Principal occupation / Job title (See Instructions)  
EngineerEmployer (See Instructions)  
AECOMDate  
03/26/2018Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Warland, SarahAmount of Contribution (\$)  
\$105.58Contributor address; City; State; Zip Code  
1023 Peyton Place  
  
Cedar Park , TX 78613Principal occupation / Job title (See Instructions)  
AccountantEmployer (See Instructions)  
Self Employed

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/2 Rpt: 11/21	
<b>2</b> FILER NAME Hayes-McMahon, Shellie		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b> 0.00	

<b>5</b> Date 03/05/2018	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bubba's Fine Foods <hr/> <b>7</b> Contributor address; City; State; Zip Code 225 42nd St SW Suite C Loveland, CO 80537	<b>8</b> Amount of contribution (\$) \$335.52	<b>9</b> In-kind contribution description 48 bags of snack food <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)	<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date 03/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bucy, Molly <hr/> Contributor address; City; State; Zip Code 11008 Shallow water Road  Austin, TX 78717	Amount of contribution (\$) \$30.00	In-kind contribution description Name Tag <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date 03/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duffy, Anne <hr/> Contributor address; City; State; Zip Code 3211 Erica Kaitlin  Cedar Park , TX 78613	Amount of contribution (\$) \$83.33	In-kind contribution description Food and Beverage - Candidate Meet and Greet <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Nurse Manager	Employer (FOR NON-JUDICIAL) (See instructions) Ascension
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 12/21	
<b>2</b> FILER NAME Hayes-McMahon, Shellie		<b>3</b> Filer ID	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b> 0.00	
<b>5</b> Date 02/14/2018	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Ian <hr/> <b>7</b> Contributor address; City; State; Zip Code 817 Bogart Road  Cedar Park, TX 78613	<b>8</b> Amount of contribution (\$) \$60.48  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>9</b> In-kind contribution description domain/webhosting
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Vice President		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) GLG	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGrath, Morgan <hr/> Contributor address; City; State; Zip Code 938 Kingwood Drive Apt 317 Houston, TX 77339	Amount of contribution (\$) \$500.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Graphic design
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Communication Director		Employer (FOR NON-JUDICIAL) (See instructions) Lake Houston Area Chamber of Commerce	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye, LeAnn <hr/> Contributor address; City; State; Zip Code 1808 Ascot Lane  Cedar Park, TX 78613	Amount of contribution (\$) \$150.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Photography - Head shots
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Photographer		Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 13/21

2 FILER NAME

Hayes-McMahon, Shellie

3 Filer ID

shellie@shellieforcp.com

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 14/21
<b>2</b> FILER NAME Hayes-McMahon, Shellie		<b>3</b> Filer ID
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan 02/12/2018	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes McMahon, Shellie	<b>9</b> Loan Amount (\$) \$200.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code 816 Bogart Road  Cedar Park , TX 78613	<b>10</b> Interest Rate
		<b>11</b> Maturity Date 12/31/2018
<b>12</b> Principal occupation / Job title (See Instructions) Events Manager		<b>13</b> Employer (See Instructions) Lenoir
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 15/21	<b>2</b> FILER NAME Hayes-McMahon, Shellie	<b>3</b> Filer ID
<b>4</b> Date 02/27/2018	<b>5</b> Payee name Bumperactive	
<b>6</b> Amount (\$) \$741.51	<b>7</b> Payee address; City; State; Zip Code 5925 Burnet Road  Austin, TX 78757	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/23/2018	Payee name Costco Wholesale	
Amount (\$) \$119.97	Payee address; City; State; Zip Code 4601 183A Toll road  Cedar Park , TX 78613	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Women's Forum Food and beverages
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/26/2018	Payee name DonateWay	
Amount (\$) \$122.71	Payee address; City; State; Zip Code PO Box 301267  Austin, TX 78703	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 16/21	<b>2</b> FILER NAME Hayes-McMahon, Shellie	<b>3</b> Filer ID
<b>4</b> Date 03/19/2018	<b>5</b> Payee name Samaritan Health Ministries	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 700 West Whitestone  Cedar Park , TX 78613	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsoring Lane for fundraising event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/26/2018	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$50.00	Payee name St Baldricks Foundation  Payee address; City; State; Zip Code 1333 S Mayflower Ave #400 Monrovia, CA 91016	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Police Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/18/2018	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$145.00	Payee name Texas Democratic Party  Payee address; City; State; Zip Code 1106 Lavaca Suite 100 Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VAN Access
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 17/21	<b>2</b> FILER NAME Hayes-McMahon, Shellie	<b>3</b> Filer ID
<b>4</b> Date 03/11/2018	<b>5</b> Payee name Walz, Patrick	
<b>6</b> Amount (\$) \$118.60	<b>7</b> Payee address; City; State; Zip Code 3815 Campfire  Cedar Park , TX 78613	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Repayment for printing push cards
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/26/2018	Candidate/Officeholder name Office sought Office held	
Payee name Worley Printing		
Amount (\$) \$1,346.07	Payee address; City; State; Zip Code 3217 North IH 35  Austin , TX 78722	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Road signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/26/2018	Candidate/Officeholder name Office sought Office held	
Payee name Worley Printing		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3217 North IH 35  Austin , TX 78722	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/26/2018	Candidate/Officeholder name Office sought Office held	
Payee name Worley Printing		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 3217 North IH 35  Austin , TX 78722	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 18/21	2 FILER NAME Hayes-McMahon, Shellie	3 Filer ID
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 0.00
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 19/21	2 FILER NAME Hayes-McMahon, Shellie	3 Filer ID
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 Date	6 Payee name	
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 20/21		<b>2</b> FILER NAME Hayes-McMahon, Shellie		<b>3</b> Filer ID
<b>4</b> Date 02/12/2018		<b>5</b> Payee name City of Cedar Park		
<b>6</b> Amount (\$) \$50.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 600 N Bell Blvd  Cedar Park , TX 78613		
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Election Filing fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/02/2018		Payee name Worley Printing		
Amount (\$) \$8.25  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3217 North IH 35  Austin , TX 78722		
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 21/21

2 FILER NAME

Hayes-McMahon, Shellie

3 Filer ID

4 Date

03/21/2018

5 Name of person from whom amount is received

Thompson, Michael

8 Amount (\$)

\$166.67

6 Address of person from whom amount is received; City; State; Zip Code

2613 Honey Springs Lane

Cedar Park, TX 78613

7 Purpose for which amount is received

☐ Check if political contribution returned to filer

Partial reimbursement for \$500 Samaritan Health Ministries Lane Sponsoring